Approved for use through 7/31/2006, OMB 0651-0632

AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a yalid OMB control number. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Application or Dischell Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I (Column 1) OTHER THAN (Calumn 2) SMALL ENTITY OR FOR SMALL ENTITY NUMBER FILED BASIC FEE (37 CFR 1.16(a)) NUMBER EXTRA RATE FEE RATE TOTAL CLAIMS (37 CFR 1.16(c)) 385.00 5790.0E OR minus 20 = x : 25 . INDEPENDENT CLAIMS × 550 = (37 CFR 1.16(b)) OR minus 3 = x **s/**00 = 200. MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.16(d)) :180. 36C) If the difference in column 1 is less than zero, enter "0" in column 2. OR TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRÉSENT AFTER RATE PREVIOUSLY ADDI-EXTRA AMENDMENT RÀTE PARAFOR TIONAL ADDL · Fotal (37 CFR 1.16(cf) ENDM TIONAL Minus FEE FEE 25 Independent (37 OFR 1.16(b)) x Minus ×450 OR ×=/00 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) x:200 OR +200 OR TOTAL TOTAL ADD'L FEE **O**R ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT ENT AFTER RATE ADDI-PREVIOUSLY **EXTRA** RATE AMENDMENT ADDI TIONAL PAID FOR · Total IENDM TIONAL Minus FEE 25 FEE Independent (ST CFR 1.16(b)) Minus :50 OR 100 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.46(d)) OR +:180 +=360 OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ENT NUMBER PRESENT **AFTER** RATE PREVIOUSLY ADDI **EXTRA** RATE AMENDMENT ADDI TIONAL PAID FOR Total (SI OFR 1.16(c)) ENDM TIONAL FEE Minus FEE ×125 Independent (37 CFR 1.16(b)) Minus OR IOD FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) × 200 OR + s*210*0 OR TOTAL "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN-THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. TOTAL ADD'L FEE